# THE CANADIAN NURSE

*A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA*

Vol. XI. TORONTO, AUGUST, 1915. No. 8


## THE NURSE AND HER TRAINING SCHOOL


By V. L. Winslow

Superintendent General Hospital, Medicine Hat, Alta.


My subject is a very tremendous one and I do not hope to be able to more than touch on it, and that very lightly.

Training schools vary greatly as to size, work, instruction given, etc., but, after all, the size, type or situation of the training school does not count so very much unless its faults are very extreme, if it comes within the recognized standard of three years' training, and includes medical, surgical, and obstetrical work. There is no reason why a nurse should not be as well taught in a comparatively small hospital as in the very largest. Typhoid fever in the smallest town in Alberta bears a very strong resemblance to the same disease in Montreal or New York, and the patient suffering from it requires the best possible type of nursing, no matter whether he is in the smallest shack out on the prairie or in a millionaire's home in one of our large cities—and the nurse worth while is not going to make any difference either. Likewise in an operative case the same careful observance of technique must be exercised, no matter where the operation is performed. Of course, it matters much as to whether or not the instruction given in a training school is of the best, so in that respect the onus of responsibility on those of us who elect to do institutional work is very great. However, good textbooks are available to every hospital, and it is generally found that the best medical men in any city or town are those who particularly identify themselves with the hospitals and are most willing to lecture and give clinical instruction to the nurses, and in that way give valuable assistance to the training school. The Superintendent of Nurses and her staff must, of course, be responsible for the teaching of practical nursing.

On the nurse herself very largely depends the kind of training she receives and how much she profits from it. In the first place, she must be of the right type, or no amount of training will make her into a real nurse. If I were asked what I consider the first qualification of a good nurse I should say—conscientiousness. Without that no amount of ability avails, and in nothing else perhaps is there so much

scope for doing good or for doing wrong, as in the care of the sick. When a nurse leaves her training school it is not what she has seen, the number of lectures taken, or the size of the training school that counts, it is just what she can do and what she knows. So, if a nurse is conscientious, she enters her training school with the idea of learning day by day the best methods of nursing, in order that she may care for the sick intelligently and well, and be of assistance, not a hindrance, to the doctor in his work. This is the ideal type of woman for our work. Unfortunately, many women enter and even go through good training schools with the idea of putting in three years and then making money enough to live on, or of having a good time, or because they think that "nursing is so interesting." These and even more sordid reasons send many women to our training schools, and when you meet some of them after they have graduated and are no longer controlled by the supervision of the hospital staff, you have no difficulty in realizing quite fully just what their object must have been.

Be loyal to your training school. By this I do not mean to forever hold it up as a model to the rest of the world and make odious comparisons, etc. The truest type of loyalty consists in doing our very best always, in order that we may reflect credit, not discredit, on our teaching. How few nurses realize that each individual one of them helps to make or mar the success of her training school, not only while in training but after graduation. We all know that if we meet a nurse from a certain hospital who does good work, we always think favorably of that hospital afterwards, and vice versa if her work is poor. One unscrupulous nurse can do more harm than fifty good nurses can undo.

The graduate nurse should never lose sight of the fact that in order to do good work she must keep up with the progress which nursing is making each year, hand in hand with the advancement of medical science.

Most of us have realized that when we finished our training we were only just beginning, as it were, to know a very little of our chosen work. So do not remain in the year in which you graduated, so far as your knowledge of nursing is concerned. If you are doing institutional work it is perhaps easier to progress along with the work, but a private nurse can keep herself well informed by means of the splendid textbooks which are constantly being prepared and revised by the foremost authorities on nursing, and there are many very excellent nursing journals from which one may profit very greatly. The nurse who neglects to read or study is apt to fall far short. For instance, if a nurse who graduated eight or ten years ago, or even much later, were content to follow the methods taught then, and appeared in one of our operating rooms with her patient swathed in wet bichloride towels—

incidentally, after having kept that same patient awake most of the night with much scrubbing and bandaging—she would be met with a very chilly reception from the nurse in charge of the operating room and no doubt a very stormy one from the surgeon. Many similar things convince one of the necessity of constant reading and study in order that our work may be what it should be.

We should never lose sight of the fact that the patient is the first consideration always. It is because of the patient that our profession exists and that hospitals are maintained. Whatever we do should be done in his interest. Do not read or study with the idea only of gaining more knowledge, but rather in order that by so doing you are going to be better able to relieve suffering and help the weak and afflicted on towards strength or to make life just a little more bearable for those whose days are numbered. The greatest calamity that can befall a nurse is the time when she comes to regard her patients as so many subjects, in short, treats them as so many beds, and seems to lose sight of the fact that each patient is a human being with his or her own individuality—and that very often warped and twisted by pain and suffering.

New fields of work are being constantly opened to the trained nurse, each with unlimited opportunities for the nurse who is worth while to do good and help to keep nursing in the high place to which it belongs. A very favorite quotation of mine is from a lecture given by a New York professor to his medical students, in which he said: "No man should be so good as a doctor, not even a clergyman," and so it should be with a nurse—no woman should be better.

None of us ever attain our ideals, but the higher we make those ideals the better will be the type of our work.

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## ADDRESS*

As the medical representative of the Calgary Hospitals' Board, it is my privilege to extend to you our warmest congratulations upon successfully passing the examinations which admit you to the honorable profession of Trained Nurses, and to wish you boundless success and happiness in your chosen calling. You must not, however, for one moment imagine that examinations are the end of all things. On the contrary, in your case, they constitute the very beginnings, nor does the ability to pass examinations necessarily ensure your success in the work you have undertaken.

The diploma which, later in the evening, will be presented to each one of you, and which you are to keep unsullied before the world, is

*Address given by Dr. R. B. Deane to the members of the graduating class of 1915, Calgary General Hospital.

simply the passport to enable you to enter, in an official capacity, the portals opening up before you the vast avenues of human suffering and misery, and to add your quota to their alleviation. I can conceive of no calling nobler both in its aims and achievements, but trying at times you will certainly find it, both upon mind and body. We, the people of to-day, with all our steam and electricity, have become accustomed to so many refinements that tend to make life more bearable and agreeable that at last we seem to regard them as ours, by some Divine Right, quite forgetting that the biggest shrine our forefathers could make was no larger than that emitted by a farthing rushlight. So in your profession we are apt to forget that the Trained Nurse is a boon to mankind, that only comparatively recent years have brought forth. Sixty years ago and less the word "Nurse" implied a person of the Sairy Gamp type, immortalized by Charles Dickens in Martin Chuzzlewit, whose chief accomplishments appear to have been an insatiable appetite for pickled salmon, "cowcumbers" and grog, by means of which she fortified herself to keep the lonely vigils of the night when on duty. We are told that this Mrs. Gamp was a "fat old woman, with a husky voice and a moist eye, which she had a remarkable power of turning up and only showing the white of it, and she herself having very little neck it cost her some trouble to look over herself, if one may say so, at those to whom she talked." When going on a case, whether a lying-in or a laying out, she arrayed herself in bonnet and shawl, carried a large bundle with her, a pair of pattens, and a species of gig umbrella, the latter article in color like a faded leaf, except where a circular patch of a lively blue had been dexterously let in at the top, the whole garnished with an occasional hiccough and a fragrance strongly suggestive of wine value. Such is a pen picture of the class of person to whom the care of the sick was frequently relegated when a Levana arose in the form of Florence Nightingale. This self-sacrificing woman, born in 1823, died full of years and honors at the age of 90, in 1913, and to whom a memorial was recently unveiled in London. This is the first public statue erected to any woman not of royal birth. Florence Nightingale was reared in the lap of luxury of an English aristocracy, and being struck by the utter inadequacy of the nursing then in vogue and by the usually brutal ignorance of the attendants, set about to remedy it. At this period nursing was considered a menial occupation and was commonly in the hands of uneducated coarse women of too often unsteady habits. Florence Nightingale, at the age of 26, recognizing her own technical unfitness for the task before her, began by taking a training, and as there was no place of training in England she went abroad to a small school started by a certain Pastor Fleidner, at Kaiserswerth, on the Rhine. This school, crude and primitive as it was, with but a six months

course, afforded the only advantages of which this brilliant woman could avail herself. Upon her return to England, she soon became the recognized head of Trained Nursing, and began the establishment of schools in various parts of Great Britain. Following the outbreak of the Crimean War, the mortality bills were running so high, largely due to lack of nursing, combined with meagre and inadequate hospital facilities, that the Secretary of War, Sidney Herbert, invited Miss Nightingale's help. She had offered her services, and with some thirty-four of her own nurses left England for war duty. These noble-hearted women, upon their arrival at the Crimea, found 4,000 soldiers, maimed and diseased, packed like sardines in foul buildings dignified by the name of hospital, with no provision for affording even suitable nourishment or a change of bedding, yet in a very short space of time Miss Nightingale so systematized the care of the sick that the death rate fell from the hideous percentage of sixty to but one per cent. Some years later she instituted trained nursing in Canada, by sending out to the Montreal General Hospital four of her nurses from St. Thomas' Hospital, London, and at least one of these original nurses is still alive, as I happen to know. So much for indomitable energy and steadfastness of purpose, which, if you cannot equal, you can at least strive to imitate.

Though it is but a short space in time, it is a far cry from the viewpoint of culture and efficiency, from Mrs. Gamp to the members of this graduating class, but as the status of the nurses has improved so have your responsibilities increased. More is expected of you, so that to prove successful, you will find that nothing short of your best and continued effort will satisfy either patient or doctor.

While I could not essay to cast your individual horoscope, and, indeed, would not if I could, still, as I look at you this evening, I realize with regret that Dame Fortune is going to accord you unequal favors and to strew the paths of some with a more generous sprinkling of roses than that of others; but

"Each in her separate star
Shall draw the thing as she sees it
For the God of things as they are."

I trust, however, that any unfavoring winds may strike softly upon you as a gentle summer's rain, stimulating you to a fuller, more vigorous growth, and may help you to learn, as Kipling says, to treat those two impostors, Triumph and Disaster, just the same.

What are some of the qualities which are going to help make you successful nurses? Taking for granted a good sound training and a uniformly clean and neat appearance, I would place first a sympathy of heart and hand such as woman alone can best display—nothing sloppy

or maudlin, if you please, but a fine womanly feeling of tender consideration. While we all know that a patient is nothing more than a "case" in the scientific, long-sighted eyes of the profession, it is just as well to remember that the invalid is a very "human case," and probably is subject to quite similar afferent and efferent impulses as yourself; although, of course, the patient could not trace as you can the course and distribution of the different nerves carrying these impulses, yet in his own dull fashion his sensorium will receive hazy impressions of the manner, for example, in which you give him his "sponge" or of the alacrity with which you get up in the night to moisten his parched lips. Even loud snoring, on your part, might be sufficient stimulus to set going quite vigorous efferent impulses, in a rather sick patient, if he were so thoughtless as to imagine that he required "nourishment."

Observation is a faculty that you must cultivate to the utmost. How often is it your lot to be the first to detect a sudden change in the temperature, an increased rate of the pulse with a difference in its character, haemorrhage, and the like signs, which may be omens of impending disaster unless promptly noted and reported; but short of abrupt change in the patient's condition the doctor has to depend to a large extent, for his knowledge of the progress of the case, upon the nurse's written observations on her chart. Hence you have the difficult role to fill of being persona grata to the physician as well as to the patient.

Having performed for the nonce your technical duties, if the patient is not in bad condition, you will possibly try to ascertain what form of "time-passing" is the most agreeable. Perchance it might be golden silence, if so, observe it; but it might be reading or perhaps conversation. If the latter, reflect that your patient is, by reason of his infirmity, tied to his bed and is quite incapable of making his escape, even should it be his desire, so be merciful.

When "pink tea" topics are exhausted, refrain from regaling him with detailed accounts of your last case, or with some of the harrowing illnesses you have either previously nursed or seen in hospital. Such recitations to some, indeed to many, have the luscious flavor of a wild strawberry, but to one already weakened by illness a conversation reeking of the gruesome details of nerve-racking injuries and of some of this world's leprosies is not that best calculated to infuse the air with cheerfulness, which it is important to foster in a sick room.

**Cheerfulness,** which good health normally carries and sickness does not forbid, is one of the best promoters of well being, and the patient soon takes his cue from the nurse. But mirth, which is rather an act, as opposed to cheerfulness, which is a habit of mind, has ordinarily no place in a sick room.

By cheerfulness I do not imply the adoption of an everlasting smile or a continual giggle, which are, to say the least, exhausting to both patient and attendant, but a quiet suffused pleasantry of general demeanor, which tends, like the genial sunshine, to permeate every nook and cranny and to dispel each darkening thought. As Addison expresses it, "Cheerfulness bears the same friendly regard to the mind as to the body. It banishes all anxious care and discontent, soothes and composes the passions, and keeps the soul in a perpetual calm." Consequently, a patient makes better progress in an atmosphere which inspires the serene hope to see "the best that glimmers through the worst."

While the confidence reposed in you will hardly be of the same sort as those stored away in the breast of the physician, at the same time you will learn plenty of secrets—be careful to treat them as such. Many a skeleton you will discover stowed snugly away in some sequestered closet, thick with dust and cobwebs and redolent of the somniferous poppy. Regard these ghostly remains tenderly and disturb them not! So it comes about that

**Taciturnity**—discreet silence—is one of your most essential attributes. "If thou hast heard a word, let it die with thee; and be bold, it will not burst thee," to borrow a quotation from the Apocrypha.

With your duty to your patient runs your parallel obligation of loyalty to the attending physician. You will not infrequently be called at his request, and he will often make a personal selection of the one whom he considers best suited for the particular case in hand, and, as a consequence, will rely very much upon your hearty co-operation. Beware of being inveigled into an adverse criticism of his diagnosis or treatment. Hearken not to the Sirens' Song! Recollect that you are merely called upon to nurse the sick and carry out your doctor's orders as intelligently as you can. The naming of the disease, if in the circumstances he should consider it wise, and the institution of remedial measures belong solely to the province of the doctor, and if with one or the other or even both you yourself may in your heart disagree, do not forget that from years of study the medical man is the one best qualified to judge, and that what you may consider to constitute the entire disease may be, after all, but a symptom, as the doctor knows, of a quite different ailment; and so in the treatment the widest variations are allowed, since it is absolutely necessary to first treat the patient and then the disease. But if sometimes doubt should arise, for now, as in the days of Hippocrates, the Father of Medicine, there are cases which prove experience fallacious and make judgment difficult, it is your duty to do all in your power, by a careful notation of symptoms during the doctor's absence, to help elucidate the problem.

The Science of Medicine and, consequently, that of our own pro-

fession, is ever moving onward, and to keep in touch with these advances the regular reading of some good nursing journal is necessary, as you will gradually find when left to your own resources that you have no means otherwise of ascertaining what new measures are being adopted in the care of the sick. It is for this reason that occasional post graduate work is so beneficial, by not alone introducing you to entirely new methods, but often pointing a new way of doing an old thing.

Last but not least, in order that your ideals may prove something more, in the words of Hazlett, an old English writer, than the "heavenly tints of fancy reflected in the bubbles that float upon the springtide of human life," I would urge you to pay particular attention to your health. Hygeia is a jealous goddess and will not brook repeated affront, and you will best placate her by so dividing your off hours that sleep merits its due proportion. It is not unusual to find nurses doing night duty who do not allow sufficient time to this, as Shakespeare calls it, "Great Nature's second course, chief nourisher in life's feast," but spend too much in recreation, till at last with the King in Henry IV. the wail goes up, "O sleep, O gentle sleep, Nature's soft nurse, how have I frighted thee, that thou no more will weigh my eyelids down and steep my senses in forgetfulness?" But in this respect a word to the wise is sufficient!

I do not wish to be understood as decrying recreation, which, on the all work and no play principle, is very essential, but do not let hours of refreshment shorten hours of rest. You remember in a healthy adult that the so-called or rather miscalled "unresting" heart, absolutely rests for more than 13 hours out of the 24, the time of rest being the diastole and the time of work the systole, so that anything which tends to shorten the heart's recuperative period can only react unfavorably to general bodily function.

It has been well said that: "Hygiene in its largest sense signifies rules for the perfect culture of mind as well as body. It is impossible to dissociate the two. The body is affected by every mental or moral action, and the mind is profoundly influenced by bodily conditions." So it was that the ancient Greeks, recognizing this correlation, had for their motto, "A sound mind in a sound body." Nature's greatest blessing!

It now only remains for me to wish you bon voyage on the seas you are about to sail, and even though your craft may not always float upon halcyon waters, be not dismayed, but keep a stout heart, a cool head, and an unconquerable resolution to do your duty, and you will then, at any rate, have the satisfaction of feeling that you have done your best to imitate the splendid example of your great prototype—Florence Nightingale.

1915 GRADUATION CLASS, HOLY CROSS HOSPITAL, CALGARY.

Top row—Misses M. Martin and M. Bolger.
Second row—Misses M. F. Noble, N. Dugal and M. F. Purdy.
Third row—Misses C. Ferguson and E. D. Taylor.

## HUMORS OF SCHOOL NURSING

Sarah P—, whose face betrayed her ancient lineage, opened her tiny mouth, displaying a shocking condition of caries and general neglect, to say nothing of the emission of the unmistakable odor of garlic.

"Sarah, dear, did you brush your teeth this morning? Have you a toothbrush of your own?

"No," was the timid reply. "I haven't one of my own. Our boarder has one, but he keeps it to hisself."

Little Dan B— proudly held out his hands for examination, disclosing on the right hand that Nature had endowed him with two second phalanges to his thumb. The extraneous phalanx, while much smaller, was perfect, even to the tiny nail.

"Wouldn't you like to get rid of this, Dan? Don't you find it in your way?"

"No, I like it," he proudly replied. "My mother likes it, too. I got twenty-five cents once for having that." Nothing further was suggested of removing it.—E. McP.

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## TORONTO CENTRAL REGISTRY OF GRADUATE NURSES

To the Members of the Toronto Central Registry:

In view of so many of our members being absent abroad, and the very great call there is for aid financially in the great war struggle, it was decided by the members of the Central Registry Committee to dispense with the annual birthday party of the Toronto Central Registry for the year 1915. We feel quite sure that the members will acquiesce in the decision that the funds that would have been expended in a social evening be donated to the four Patriotic Funds, namely: The University Base Hospital, the Red Cross Society, the Belgian Relief, and the Secours National.

JEAN C. WARDELL, R.N.,
Convener Central Registry Committee.

## THE TENTH ANNUAL REPORT OF THE CENTRAL REGISTRY OF GRADUATE NURSES

Madam President and Sister Nurses:

I have pleasure in presenting to-day the Tenth Annual Report of the Central Registry of Graduate Nurses, Toronto. The books closed June 1st, 1914, with a membership of 471. During the year 115 new members were added to our list and 26 rejoined, some of whom had been away for a number of years.

The following is a complete list of nurses up to date: Toronto General Hospital, 121; St. Michael's Hospital, 65; Grace Hospital, 47;

Toronto Western Hospital, 45; Hospital for Sick Children, 30; Riverdale Isolation Hospital, 20; St. John's Hospital, 9; Toronto Free Hospital for Consumptives, Weston, 1; Toronto Hospital for Incurables, 4; Orthopedic Hospital, 1; Dr. Meyer's Hospital, 1; graduates from Canadian hospitals situate outside Toronto, 37; American hospitals, 58; English nurses, 18; making a total of 456.

The calls for the year totalled 3,823. Of these 2,845 were personal. The largest number came in March with a total of 456, and the lowest in December with a total of 224. Last year there were 4,211 calls, showing a decrease this year of 388 calls. Ten patients received assistance from the Central Registry Extension Fund.

The past winter was an exceedingly trying one, the calls being short and far apart; this condition being chiefly due to the financial stringency.

As in former years, we have had quite a number of positions to fill, nurses having been sent, through the Registry, to Fitchburg, Massachusetts; New Orleans; Cobalt; Port Hope; Welland; Brantford; Penetang; and one is filling the position of Lady Superintendent in Nichols Memorial Hospital, Battle Creek, Mich. A number of our nurses have secured positions in Toronto.

We regret to say illness has not spared our members. At present, Miss Henderson, one of our committee, is at her home ill with typhoid. We trust she may soon be restored to health.

Two of our nurses were called from earthly trials and service, namely, Miss Elizabeth Norris, graduate Jeffery Hale Hospital, Quebec, and Miss Mary E. Jardine, Toronto General Hospital.

To those on whom the shadow of loneliness and sense of bereavement has fallen our sincere sympathy is extended.

Twenty-two of our members have been married since last annual meeting, and several weddings are to take place very soon.

Before closing, I wish to extend my sincere thanks to our convener and the members of the committee for their unfailing kindness and encouragement in our efforts to promote the work of the Registry.

It has indeed been a memorable year. We are facing a critical period in the history of our country. This barbarous war, in which some of the greatest nations of the world are engaged, the shadow of which still rests menacingly over our Empire and the civilized world, is causing untold misery and suffering, both at home and abroad. Our nurses quickly responded to the call for overseas service. Sixty-one members from the Central Registry were accepted. All who volunteered were not permitted to go, but they have the consolation of knowing they can also serve who remain at home.

Respectfully submitted,

MARGARET EWING, Registrar.

## FINANCIAL STATEMENT

12 months ending May 31st, 1915

### Receipts

| | | |
|---|---|---|
| Balances June 1st, 1914— | | |
| Cash on hand | $ 16 30 | |
| Savings account—Bank of Hamilton | 1,467 05 | |
| Current account—Dominion Bank | 117 21 | |
| | | $1,600 56 |
| Fees collected during year | 2,390 00 | |
| Sales of charts, temperature sheets, and receipt books (averaging $5.90 per month) | 70 84 | |
| Interest, savings acount to May 31st, 1915 | 44 26 | |
| | | 2,505 10 |
| | | $4,105 66 |

### Expenditures

| | | | |
|---|---|---|---|
| Salaries of Registrar and Assistants | | $1,405 00 | |
| Rent of two rooms at Club House— | | | |
| 12 mos. to May 15th, 1915 (4 mos. @ $25 per mo. and 8 mos. @ $35 per month) | | 380 00 | |
| Expense of annual meeting, June, 1914— | | | |
| Catering | $32 00 | | |
| Orchestra | 11 00 | | |
| Extra help | 2 00 | | |
| | | 45 00 | |
| Telephone service to June 30th, 1915 | 69 00 | | |
| Long distance toll | 1 95 | | |
| | | 70 95 | |
| Advertising, ¼ page, The Canadian Nurse, to June 30th, 1915 | | 25 00 | |
| Printing | | 16 00 | |
| Stationery and office supplies | | 22 40 | |
| Postage | | 15 00 | |
| Railway guide, 12 mos. | | 5 20 | |
| Audit—report and books to 31/5/14 | | 15 00 | |
| Charts, temperature sheets, receipt books | | 40 50 | |
| Magazines for Nurses' Club, years 1913 and 1914 | | 10 00 | |
| Contributions to charitable objects— | | | |
| Extension Fund—annual amount | $300 00 | | |
| Christmas cheer, 7 local charity funds | 56 00 | | |
| War Relief, 4 funds | 60 00 | | |
| | | 416 00 | |
| | | 2,466 05 | |

Balances in banks, May 31, 1915—
Savings account, Bank of Hamilton...$1,511 31
Current account, Dominion Bank..... 128 30
——— 1,639 61
——— $4,105 66

MARGARET EWING,
Treasurer.

The amount of overdue fees at this date appears to be $50.00.

I have examined the vouchers, cheques, bank books, cash book, and fee book of the organization and certify that above statement is in agreement therewith. T. W. ELLIS,
Toronto, June 5th, 1915. Auditor.

## THE UNSKILLED PROFESSION

By Emily Henderson Grant

On a hot day last August, Mamie Summers, my cleaning-woman's little girl, came to the door and announced: "Mama isn't coming—the baby's sick."

When I asked what the matter was I expected Mamie's brief answer, "Summer complaint."

I called on Mrs. Summers later in the day. She is an intelligent fresh-faced Irish woman, the mother of five children, one of whom is dead. I found her washing, while in a baby-carriage in one corner of the hot kitchen was the sick baby, a beautiful child a little under a year.

"It's his teeth," she explained. "But I got worried; since Patsy died I get worried if they get sick this way, for they die awful sudden from weakness. My mother laughs at me for havin' the doctor for one that's teethin'."

"He's feedin' the baby awful weakenin'," came from the old woman. "He's feedin' him hardly the crumb—a little white of beat-up egg an' some barley-water." She shook her head ominously and went on to say that a baby needed something better than that to make sound teeth on, and called attention to how weak the baby was already.

The next day I went to see if I could do anything; the baby was dead. The doctor was young and took the case with bitterness:

"Ignorance and interference killed that child. I could have saved it. They waited too long before they called me, but even so I could have pulled it through."

"What did they do?" I asked.

"Fed it some cream. The woman next door said the doctor ordered cream when her baby was sick—so the baby died."

In other words, two women, mother and grandmother, had killed

a child they loved, killed it through ignorance and lack of training. Both of them are women of normal intelligence, living under good conditions in the country, and this is the second child that Mrs. Summers has lost in this way. Yet Mary Summers was trained in the public schools and even had two years of high school before her mother "needed her at home." She studied French and Latin and algebra, but there was no way she could learn to take care of her baby.

Not many days later I happened to call on a young friend of mine, and as I went in I met the doctor.

"Why!" I cried, "what's the matter? Is the baby sick?"

"There's nothing the matter, except that Alice has nerves," he said kindly, for he is an old man who has known Alice since she herself was a baby. "And she has learned everything else on earth in eight years of high school and college except what a human infant looks like, and now if the baby sneezes she sends for me.

"And let me repeat," he went on, turning to my friend, "that a nursing mother should keep her nerves quiet—that is the best thing you can do for your baby. Just thank God on your knees that you are not like so many of these over-trained college women who cannot nurse their children and get out more in the open air."

"It's true what he said," Alice told me. "I know about everything else on earth except what a human infant looks like. The poorest young mother in the slums has the advantage of me when it comes to knowing how to lift a baby handily. I know so little that I do send for the doctor every few minutes. About all I know is that little babies die quickly, and I had rather send for him a thousand times too many than not often enough. By and by I will know what some things that happen mean. Already I'm not afraid to take her up any more. You wouldn't believe it, but at first I was almost afraid to touch her, I know so little about babies. It seems absurd, doesn't it, that, as he said, I should have been taught about everything else in the world and not a breath about what was going to be the real important work of my life?"

Here, in a short time, I had seen two women, each typical of her own class, women who were both capable and intelligent women in their way, handicapped by lack of training in woman's really important profession, motherhood.

It seems strange that this great profession, the most important profession in the world, upon which the welfare of all the future generations rests and always must, should be an unskilled profession. It seems strange that a state that pays such vast sums of money to educate its children and its young people to earn their living by various professions should have made no provision for educating the mothers of the land.

The price of this ignorance is suffering, disease and death. In the United States it has been estimated that every year about 375,000 babies under one year of age die. It is said that they die from causes largely preventable. In other words, every year in this country, as in others, thousands of well-meaning and intelligent women, some of them highly trained, like my friend Alice, lose their babies, not through any great scourge, not through any contagious disease, but through ignorance—merely because they are unskilled workmen in their profession.

The human race has gone along now quite a number of years, and during that time it has done a large amount of talking about mother-love and how mothers know what is best for their children and all the rest of it; it has taken a few doctors, men and women, to prove that mothers do not know what is best for their children, to prove it by hard and fast statistics, and to prove also that they can be very readily taught what is best.

There has been confusion between love and knowledge as unreasonable as though it should be taken for granted that a knowledge of housekeeping came miraculously to a bride, and the more she loved her husband the better she could take care of him—whether she had learned anything of the housewifely arts or not. But while there has been much tradition concerning the cooking of food and the care of a house handed down from mother to daughter, the traditions concerning the care of babies are curiously barren—and very many of them harmful. A great specialist in the diseases of young children asserted that this was what made him place women intellectually on a scale inferior to men.

"The feeding of babies," he said, "has been in the hands of women as a matter of course always, yet they have not put the simplest rule of two-and-two together."

When acute gastritis, convulsions and sudden death have so often attended giving young babies solid food, one would think that through the ages there would have arisen a hard-and-fast tradition to this effect, yet so far is this from being the case that it is only in the most intelligent families that a doctor can be sure of having his instructions in regard to food carried out with any degree of accuracy, and even if they are, he will have to combat the older women of the family who hold out against these "new-fangled ways of bringing up children."

Many little babies die every year because "just a taste of this" and "just a taste of that" won't hurt the baby, and many children's digestions are impaired, perhaps for life, for the same reason, even if they don't die. When one thinks of it, it doesn't seem possible that this should be so. Mr. John Spargo says:

"The ignorance of many mothers is simply appalling. To hear a

group of settlement workers, physicians and nurses relating their experiences and enumerating the many deleterious things given to young babies is a tragic and heartrending experience."

While the intelligent portion of the community may not feed their babies cabbage or bananas, the welfare of bottle-fed babies, even among the educated classes, is largely a matter of chance. Women feed their children food unsuited to them because a friend's child has thriven on a certain formula, and only when the baby is actually ill do they learn better. All doctors complain that it is hard to find out in the average case exactly how the baby has been fed. Half the time the mother is ignorant of what proportion of milk and water, let us say, is to be put into the baby's bottle. "About half and half," or "I put in a little water," or "I sweeten to taste," are the most common answers on this most vital of all subjects, yet these women in giving you a recipe for a pudding would be accurate to the least amount in the quantity of raisins required and the amount of sugar.

A young mother of my acquaintance recently asked her doctor on what food she should wean the baby. She had studied the modification of milk, and was merely inquiring on what formula her child of eight months would best thrive.

"Condensed milk," said her physician, "is as good as anything, I think."

"Why!" she exclaimed in surprise, "wouldn't some form of modified milk be better?"

"Certainly it would be," said the physician, "if you care to go to the trouble of modifying milk. Most of the women in this town don't. They are careless about their nursing-bottles. They don't boil them properly; and then the next thing I know I have a sick baby on my hands. But, of course, if you take proper care of your feeding-bottles and modify your milk with accuracy it is better for the baby."

This was a doctor whose patients were almost entirely American people of a high degree of intelligence. It was also a town where a good milk supply was available. And yet the doctor had found that the women of the town wouldn't take the trouble of modifying milk.

In other words, the very simple process of preparing milk in such proportions that it was a suitable food for young babies to take, upon which the future health and perhaps actual life of the child depended, has been proven in this doctor's experience to be so rarely carried out in a satisfactory manner among mothers of his practice that he had ceased to recommend it. Mind you, the care of nursing-bottles and modification of milk is a much simpler process than the making of a cake or a pie.

Undoubtedly one could question this doctor's professional morality; it is true that a doctor is not a teacher, but it is also true that in

each individual case he should try to awaken the conscience of the mother and instruct her. It wouldn't take him very long to make her understand that the most important work in her life was the preparing proper food for her child, and that she ran all the risks, from permanently weakening her baby's stomach to death itself, by not doing so.

This would not be a very difficult thing to do because mothers wish their babies to live; they wish it ardently. There is no woman with sufficient intellect to go through the lower grades of the public school who cannot grasp the fact that accuracy is a prime essential in feeding her child.

Granted a young mother realizes her ignorance, how is she to learn? The average woman cannot afford a trained nurse nor can she afford to call in a doctor to solve every question. Nor does she know about the excellent books written on the rearing of children, like Doctor Holt's invaluable little volume. We have to confess that as yet it is largely a matter of chance whether she will fall upon information that will enable her to keep her baby well. Some of our daily papers have taken up the crusade, and during the summer months have printed daily columns for the care of babies during hot weather. Many of our magazines have run excellent departments of advice to mothers, but you would not expect to become an expert in any profession through the chance hints that came your way through newspaper or through magazine.

How much a little education can do has been proven by Doctor Budin, of Paris, in his consultations des nourrissons. This doctor found that the children he had cared for in the maternity hospital and discharged as healthy infants often died, and in most cases it was through the ignorance of the mother, just as thousands and thousands of children are dying in this country. He, therefore, formed classes for mothers. They were women of the poorest kind; many of them lived in most unsanitary conditions; many of them were just above the point of utter want, and yet because of intelligent guidance the mortality in Doctor Budin's consultations was less than that of babies of far more favored classes. These children were kept alive by no other factor in the world than that their mothers became a little more skillful in their profession of motherhood. For the methods of keeping one's baby alive are things any woman can learn; there is nothing esoteric about it, nothing very complicated, granted that your child is a normal one, born under normal conditions.

The New York Milk Committee has followed in the footsteps of Doctor Budin's consultations, as have some other organizations in this country. During the summer of 1908 over a thousand babies were regularly visited under the supervision of physicians and trained

nurses, and their mothers were instructed in the care of their children, and the work has increased much since then. This was done in connection with the milk stations established by the milk committee.

There is one hopeful feature in this whole case, and that is that among all the evils it is one that is most easily gotten at. Already there are stirrings in different directions; in some of our public schools in Philadelphia and New York the "little mothers" are having lessons in the care of children; all over the country doctors and nurses are preaching in the crusade against ignorance in this greatest of all professions. The remedy lies in the hands of the individual woman the country over. Certainly it seems possible that the state that teaches so many things to its children should not forever remain silent, and that it would be practicable for the boards of health of our states to be far more active in the dissemination of knowledge than they are at present. To quote Doctor Newman:

"It becomes clear that the problem of infant mortality is not one of sanitation alone or of housing, or indeed of poverty as such, but is mainly a question of motherhood."—*Woman's Home Companion.*

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## ADDRESS*

I am very pleased indeed to have this opportunity of addressing this year's graduating class of McKellar Hospital, and to compliment its Superintendent on her fine showing this year, both in numbers and material. This is by far the largest class of nurses that has been graduated from the hospital, and from what I have seen of their work the standard has been fully maintained. It shows that our hospital and its work are growing, as everything else in our city is expanding, and taking on greater importance; and I am pleased to be able to state, without fear of contradiction, that the institution from which this year's nurses have graduated is as up-to-date and well-equipped as any general hospital in the country.

With the completion of the alterations made last year there is now ample accommodation for all classes of patients—public, semi-private and private. We have two first-class operating rooms, with sterilizing, instrument, dressing, and anaesthetic rooms attached; also, a first-class accouchement department; then there is a children's ward, which our nurses will find very helpful in their future work; there is an excellent diet kitchen and trained dietitian, whose help to our graduates is invaluable. There is a first-class X-ray department, and a course is given in massage. Last of all, we have a very commodious and comfortable nurses' home, and the whole institution surrounded by very

*By Dr. Stewart to 1915 Class of McKellar Hospital, Fort William.

presentable grounds. I mention these facts because they have a very important bearing on the standard of our graduates, and also to show that your course here is carried out along most up-to-date and scientific lines, and comprises a training in all departments except infectious cases.

I do not propose to give a history of your honored profession, because, to my mind, it is the most ancient of all professions, and dates from about the time Eve, no doubt, nursed and comforted Adam, when he was ill and out of sorts. But with the advancement and specialization in all branches of work we find, to-day, the highly skilled and trained graduate nurse spending three years in a hospital, giving all her time to acquiring knowledge and making herself expert in the care of the sick. In my opinion this specialization will be carried on still further, and it is on this phase of your work that I am going to talk to you to-night.

Up to the present your experience has been three years in institutional work, in which, as I have said, you have been extremely fortunate. You have had a great number of lectures and practical demonstrations, and your minds are full of a great many wonderful facts, many of them acquired for examination purposes only, but nevertheless useful in filling out the general education and knowledge necessary to your training and development. Now that the exams. are over you will begin to forget all about a lot of those dry lectures, etc., and develop in yourselves the personal side of your profession. Until now you have been doing institutional nursing, where the personal element is largely ignored, and the nurse does her duty willingly and well, but now you come into the home life of your patients, and your livelihood and success are at stake, whether you please or not. The surroundings are altogether different, and the nurse who, before her training, has had the advantage of a good home training, has a decided advantage over the one who has not been so fortunate.

As a nurse, be natural, so that you are not under the strain of trying to be different from yourself. I have heard people say that they would have a trained nurse in to take care of them, only they felt that the nurse made more work in the house than compensated for the good that they would receive from her services. Others say that the trained nurse was so high and mighty and would not let them see any of their friends, or wanted to run the whole house so arbitrarily that they would prefer to be without one. These prejudices must have had some basis of truth about them to become fixed in the public mind, and, as you can see, they are a serious detriment and handicap to the nursing profession.

In my opinion there is no need for any such alarm on the part of the public, and it behooves you to help overcome those prejudices by

your own personal example. Always adapt yourselves to the home in which you are nursing, and if people cannot afford a servant take hold of the situation and wait on yourself. Try and make the people you are with feel that you are one of themselves. This does not mean that you are to allow undue familiarity to spring up, but do not think that you are so much better than they are and that a wide gulf separates you from them, just because you are a trained nurse. Always be honest with yourself, your patient, and your physician. You should be clean and tidy, of course, and quiet and calm, with a keen interest in all that has to do with the welfare and comfort of your patient, but do not interfere with household matters outside of what strictly concerns your own duties. And, above all, be discreet, and do not talk about your cases to other people.

In regard to specializing I have divided nurses into the general, medical, surgical, obstetrical, mental, children's, institutional, and infectious.

With reference to the general trained nurse, the few remarks already made will apply to her.

A strictly medical nurse requires certain special qualifications. She must be intelligently observant and note carefully and correctly any minor changes in the condition of her patient. So much of the successful treatment of medical cases depends on the correct interpreting of the signs exhibited by the patient. For instance, the signs of perforation in a very sick typhoid—a live nurse should notice them at once, notify the physician, and so save valuable time for the patient in having surgical treatment at once.

A successful medical nurse must be intensely human, so that she gets very close in the affection and confidence of her patient, for how many times have you not seen a patient with severe or lingering illness gradually and successfully fight his way back to health and strength, all due to the tireless efforts, care and instilled confidence of the nurse. This is a quality that is born in some, and no amount of training or education will develop it.

The medical nurse, of all nurses, requires tact, quietness, and a soothing nature. You all know how unlike themselves real sick people are, and very often how irritable they are—the merest trifles quite upset them. Thus a nurse who, in a quiet, gentle way, foresees and forestalls these little irritations is a great boon in the sick room.

Now, a good surgical nurse is quite a different proposition. Her work is largely in institutions, except for minor surgery, which, as a rule, does not require much nursing.

She requires extreme thoroughness and system. The whole success of the surgeon often depends on his surgical nurse. With the exceptions of incurable and lingering chronic surgical cases, an operation

or a broken bone is a short-lived period of suffering, in which the surgical nurse can always cheer her patient with the definite promise that he will soon be as well or better than ever. She requires a buoyant temperament and the resource to keep her patient hopeful. In the incurable and slow lingering cases she needs to impart to her patient fortitude and calm resolve to face the inevitable. This is the highest kind of courage.

The obstetrical nurse is still another species. She must be the one of all nurses to adapt herself to the various home surroundings as she finds them, and at one of the most critical times in family life. Medically she must, above all things, be surgically clean and careful of details to be successful. But that is not all. She must know better than any nurse how to get on well with people, because there is no one more alive to the requirements of the new baby than its mother, and, of course, there never was any other baby quite so important as this particular one. So my advice to the obstetrical nurse, and it is a big part of your work at the present time as people are using trained nurses more and more in accouchements, is that you concentrate your attention and care on the new baby, after having made the mother clean and comfortable, and that you do not try to boss the other children in the house.

The nurse who cares for those suffering from mental diseases is indeed a specialist and requires a special course at an institution caring for the mentally affected, and if anyone needs a nurse with patience, sympathy, love and kindness, it is these poor unfortunates.

The children's nurse is still another kind. To succeed with children, always be fair and reasonable with them, and never deceive them. If you make a promise, always carry it out. A successful nurse with children has to be a diplomat of the highest order. Your purpose may be attained most successfully by the most wonderful and roundabout methods, and, after all, patience and tact will save many an unpleasant disagreement, and nothing upsets or delays convalescence in children more than constant irritation.

For those intending to nurse children exclusively I would advise a special course at a children's hospital, where you will find any number of pointers in little things that will be of great service to you afterwards.

The institutional nurse is one who should have good executive ability and an all-round good education herself, as she will no doubt be called upon to manage other nurses and impart knowledge and training to them. Of course, if you are satisfied to take charge of a ward or work in an institution under someone else, then your experience of the past three years will tell you whether you are fitted for institutional work. But to be a success, you must aim at something higher, and

that means increased responsibility. Many nurses prefer institutional work on account of the variety of cases and work, the definite hours, congenial companionship, and steady employment. Then there is not the need for that close personal contact and intimacy with your patients, and the daily association with other nurses keeps you right up to your best all the time and in touch with the most advanced ideas.

The infectious diseases nurse is also one of very great importance, especially to the community at large, because a general nurse who is going from an infectious case to a surgical, medical, or obstetrical case always runs some small risk of carrying the infection, and if such a thing should happen, it would be very harmful to your profession. If the field of your work is large enough to allow one or more of you to specialize in nursing infectious diseases, by all means take advantage of it, and in order to qualify yourself for this work you should take a post-graduate course at some isolation hospital. In any case, be extremely careful to fumigate your clothes and change all your apparel as well as thoroughly disinfecting the person before going from an infectious case to another case.

And, now, in closing, I would advise all of you to take a post-graduate course of at least six weeks or three months at some up-to-date hospital, at least every three years after you graduate, and in that way keep yourselves brushed up in your work.

I wish each one of this year's graduating class every success in her chosen profession, and trust that you will always uphold its highest ideals and be a credit to your profession.

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## PEACE NOT YET, BUT A SWORD

Our anniversary this year falls within the dark shadow of great sorrows, great anxieties. There can be few of our members who have not suffered by the war, not only as patriots, but in the suffering and loss of those who are personally dear to us—relatives and friends. And the horror of it all, and the diabolic brutality of our enemies have become so intolerable, that many are tempted to think that peace at almost any price would be welcome. Can any price, some are asking, be too great to pay for release from the hideous happenings of this worst of all the wars that have ever been?

When such a temptation is whispered into our soul, we need to remind ourselves that, horrible as war is, there is something still more horrible. Worse than wounds and death is it to seek escape from wounds and death by the betrayal of a sacred trust, by the base preference of our personal safety or that of our friends, to the safety of the great and holy causes which we are set to defend. "When a quarrel is for money"—I quote M. Paul Sabatier—"or for a strip of territory, one

can make peace without moral loss. To make peace when an ideal is at stake is an abdication; even to think of it is to be false to the voice which tells us that man is born for other things than to enjoy the moral and material heritage of his fathers. It is the honor of Belgium, France, and their Allies to have seen at once the spiritual nature of the war. No doubt we are fighting for ourselves, but we are fighting, too, for all peoples. The idea of stopping before the goal is reached cannot occur to us. . . . Our soldiers are martyrs; they bear witness to a new truth. Their defeat would mean the triumph in Europe of brute force. Before permitting that it is our duty to fight without even thinking of what might befall; and if our soldiers go down to the last man, everybody who has not yet taken up arms will fight to the last cartridge, to the last stone of our mountains that we can hurl against a 'Kultur' which is nought save worship of the sword and of the golden calf.—*Misericordia.*

## CORRESPONDENCE

To the Editor of The Canadian Nurse:

The War Committee of the Toronto Chapter of The Graduate Nurses' Association of Ontario.

The Titanic European war has called for the best that is in our country. Every class, every profession and calling in our beloved land vied with each other in manifesting zeal for the alleviation of suffering humanity at the seat of war and at the homes of the valorous soldiers of the Empire, where the offices of the nurse are so much needed. Many of our nurses have given their services to the sick and wounded without remuneration such as they would receive in following their profession at home, and in no instance has a call been made for additional nurses without a generous response, although the nature of their service demanded personal risk and the severe lot of those who minister to the maimed. As there were calls coming to the different hospitals for nurses, and Miss Gunn had received a letter from Miss Hersey, Montreal, asking if we could send six nurses who would volunteer to go to La Panne, France, the Toronto Chapter thought it better to call a meeting of the nurses belonging to the chapter. After some deliberation the chapter deemed it advisable to form a war committee, which would be composed of a representative from each of the six city hospitals, and one from the Florence Nightingale Association, namely, Miss Mary Hill, H.S.C., convenor; Miss Neilson, T.G.H.,; Miss Cooper, W.H.; Miss Irvine, G.H.; Miss Luney, Isolation H.; Mrs. Wigham, F.N.A., and Miss Weyer, St. M. H., secretary.

Applicants will send their applications and credentials to the committee, only those who are fully qualified nurses to be accepted.

Many applications were received, some even from untrained women. The four nurses whom we sent to La Panne are the Misses Frances Harman, graduate City Hospital, Montreal; Mary Kingston, Presbyterian Hospital, N.Y.; Grace Brough, St. John's Hospital, Toronto, post graduate Bellevue, N.Y.; and Mary Jones, of the T. F. H. for Consumptives, affiliated with the Bellevue Hospital, N.Y. They left for La Panne, France, with the Dr. Armstrong unit of nurses. The uniforms, blue military coats, boots, etc., were provided by Montreal donors, and the railway transportation charges to and from Montreal for the Toronto nurses were defrayed by the Alumnae of the Toronto Hospitals and the F. N. A. The nurses are giving their services without remuneration for three months, save a small sum placed to the credit of each nurse from generous givers to the cause. One feature in connection with the embarkation of the nurses at New York should not be omitted from this report, as showing the sublime courage of the Canadian nurses in facing danger. Just as they were about to embark on the steamship Transylvania the story of the sinking of the Lusitania was told them. Not one faltered, all went on board, full of the courage of their race.

Donations were received from the following: T.G.H.A., $15.00; towel fund T.G.H.A., $5.00; H.S.C.A., $10.00; G.H.A., $10.00; W.H.A., $10.00; I.H.A., $10.30; St.M.H.A., $10.00; Toronto Free Hospital for Consumptives, $10.00; F.N.A., $10.00; St. John the Divine, $30.00; Miss Hill, H.S.C., $5.00; Miss Teeter, H.S.C., $5.00; Miss A. B. Long, St.M.H., $5.00; Miss Green, St.M.H., $1.00; Miss Tribe, T.G.H., $2.00; Miss Dowling, I.H.A., $2.80. From the above fund each nurse was given $30.00 for transportation to and from Montreal.

Hospital supplies for La Panne were received by Miss Hill, convenor, from the following donors: Mrs. Wigham's friends, $5.00 worth of surgical supplies; Dreadnought Chapter, 300 bandages, 650 wipes, 200 gauze compresses, 200 abdominal pads; Miss Mathieson, 100 yds. gauze; Miss Ross, 12 Selby St., 400 bandages; Mrs. Hamilton, collapsible cup and $1.00 to each nurse on leaving.

The committee will be glad to have a list of nurses in reserve.

A. WEYER, Secretary.

## INTRAVENOUS INFUSION

By an intravenous infusion is meant the introduction of fluid into the veins; the fluid generally injected is salt and water, which is given in severe cases of haemorrhage, shock, diarrhoea, diabetic coma, and uraemia. Drugs are also introduced into the system in this manner for the cure of certain diseases, e.g., salvarsan (syphilis).

In former years the infusion or transfusion of blood was much used for the treatment of shock and collapse—namely, a patient suffer-

ing from the above had injected into his veins blood from the veins of some normally healthy individual. This method is now entirely given up, but transfusion of blood is sometimes, though only in rare instances, resorted to in cases of obstinate haemophilia.

### Things Required for a Saline Infusion

1. General instruments.—Scalpel, forceps (dissecting and pressure), aneurism needle and silk, scissors, skin needle and sutures. With adults, instead of making an incision, a stabbing needle is sometimes used.

2. Bandage to tie round the limb, and things for rendering the patient's skin aseptic.

3. Dressings.

4. Infusion Apparatus.—Two lengths of rubber tubing (joined by glass connection), to the one end of which is fixed a glass funnel or barrel of glass syringe, and to the other a small curved glass or silver canula; if not at hand, a large hollow needle will suffice.

5. Four Pints of Normal Saline Solution, 1 drachm common salt dissolved in 1 pint boiled water, at a temperature of 105 degs. F.; to this, stimulants are sometimes added, such as pituitary extract or suprarenal extract.

### Method of Introduction

Asepsis must be strictly adhered to. The surgeon wears a sterilized overall, and scrubs up as for any other operation. The patient's skin should be cleansed, and painted with 2½ per cent. iodine in spirit. Everything required for the infusion—instruments, apparatus, dressings, mackintosh, etc.—must be thoroughly sterilized.

The vein usually selected is the one at the bend of the elbow; it is made to stand out by tying a bandage round the upper arm, which is removed before injecting the saline. An incision is made obliquely over the vein, a double ligature of silk passed under it, the loop of which is cut, and the distal ligature tied; the vein is then opened, and the point of the canula inserted (the apparatus having been previously warmed and rendered free from air); the proximal ligature is now tied gently round that part of the vein containing the canula, and the fluid allowed to run in slowly—1 pint in ten minutes. The amount usually injected is about ¾ pint for a child and 1 to 3 pints for an adult. When the necessary quantity is run in, the canula is withdrawn, the proximal ligature tied, and the wound stitched up and a dressing and bandage applied.

This is the quickest means we have of introducing saline into the system, but it is only used in severe cases, as the method is more complex than that for subcutaneous or rectal infusion. The use of saline infusion is to give the heart more fluid to act upon, and so raise the blood pressure.—*British Journal of Nursing.*

# Editorial

## IT MEANS CO-OPERATION

The lack of a uniform standard of nursing education for the hospital training schools causes greater inconvenience and becomes more of a handicap to organization each year. This is more and more apparent at each succeeding convention. And while the lack is deplored by the principals and teachers in the training schools, and by all who take any part in organizing the profession, there seems to be very little done to bring about a more desirable state of affairs.

And yet the remedy should not seem out of reach. Could not the principals and teachers in the different training schools in each province confer, and, by careful and generous co-operation, arrange a minimum standard as a working basis for all?

This would be no handicap to the larger schools, and would afford an answer to the repeated requests from the smaller schools for help along this line. The principals of the smaller schools would then be at no loss what affiliations to seek to bring their pupils up to the agreed standard.

Some such arrangement might demonstrate the need of a legal defined standard, but why should it be necessary to wait till the law says, "You must"?

## THIS NUMBER

The papers contributed by Alberta this month will be read with interest. Miss Winslow's paper on "The Nurse and Her Training School" emphasizes again the fact that the personality of the nurse counts for so much. The training school cannot make a careful, conscientious, thorough nurse of a woman in whom these qualities are lacking. Even graduates of some years may do well to ponder the truths in this paper, for there are none but may learn to be a little better and do a little better as they go along their professional way.

## THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

**(Incorporated 1908.)**

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave. E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Helen N. W. Smith, Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

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The regular monthly meeting of the executive of the Graduate Nurses' Association of Ontario was held in the Club House, 295 Sherbourne Street, on Wednesday, June 23rd, 1915. Unfortunately, Miss Madden was unavoidably absent, but was fortunate in securing Mrs. Tilley, the Vice-President, to take the chair.

The following members were present: Miss Gunn, Miss Dyke, Miss Mathieson, Miss O'Connor, Miss Jamieson, Miss Allan, Miss Jackson, and Miss Dickson.

The minutes of the last meeting were read by Miss Pringle and adopted.

Conveners of Committees were appointed as follows: Press and Publication, Miss Laidlaw, Hamilton; Legislation Committee, Miss Mathieson; Representative to The Canadian Nurse, Miss Dickson.

Miss Gunn, Convener of Eligibility Committee, reported that Miss Potts, Hospital for Sick Children, could not act on this committee, as she would be out of town most of the summer, and Miss Dickson was appointed to fill this vacancy.

It was decided that all applications for admission to the Association be laid aside for consideration after the fall meeting, when we hope that the eligibility clause of the new constitution will be interpreted to the satisfaction of the members.

A letter from Miss Locke, Convener of The Canadian Nurse Committee, was read and freely discussed, and a report sent to the National Association.

## PRENATAL CARE

Prenatal care as a systematized means of reducing infant mortality and of improving the health of the mothers is a new idea, but is one that is claiming, and rightly, a great deal of attention at the present time.

In its broadest sense, "Prenatal care is," to quote Dr. A. B. Emmons, of Boston, "preventive medicine as applied to obstetrics, i.e., the utilization of every known means to keep the prospective mother well and strong, to foresee and forestall dangers, to intelligently provide for confinement. This may be merely proper care in the home at a minimum expense for the normal case or the best skill available in a hospital for averting tragedy. Preventive obstetrics thus includes a wide knowledge of the anatomy, physiology, psychology, and sociology of the patient."

Prenatal care implies the supervision of an obstetrician, either in connection or not with a dispensary, with whom is working a well-trained nurse, with special training in district, prenatal, and social service work. As early in pregnancy as possible the patient should have a thorough examination by the physician, when he obtains her history, the history of previous pregnancies, her present symptoms. He examines the urine, makes a physical examination, noting specially the bones of the pelvis. The patient is then put in charge of the prenatal nurse, who reports to the doctor, when necessary.

When the nurse makes her first visit she takes a social survey of the patient in her surroundings, gives instruction as to personal hygiene, in diet, bathing, clothing, fresh air, sleep, exercise, how to conserve her strength for the good of the baby and for the strain of labor and nursing. Later the preparations for the coming of the baby are made. The mental and physical condition of the mother is noted, a test of the urine made, and the co-operation of the whole family solicited. The nurse should impress on the mother the necessity and

importance of maternal nursing. In her social survey the nurse should ascertain if the patient has the means for procuring proper food in sufficient quantities and is free from anxiety. If not, she studies out what is best to be done, and puts in motion the proper machinery for securing the relief needed. In keeping track of the mother, the nurse should visit her once in ten days, oftener, if indicated.

Mrs. Max West, of the Federal Children's Bureau, Washington, D.C., who is doing so much in this line of welfare work, states that prenatal care, systematically and intelligently carried on, will result:

1. In healthier babies, of somewhat increased weight.
2. In lowering the infant mortality rate.
3. In reducing the number of stillbirths.
4. In reducing the number of miscarriages.
5. In reducing the number of premature births.
6. In a greater proportion of normal deliveries.
7. In reducing the number of cases of eclampsia and toxaemia.
8. In greatly improving the possibilities for maternal nursing.
9. In increased health for the mother.
10. In improving birth registration..
11. In helping the study of social and civic problems.
12. And in bringing greater comfort and peace of mind to harassed and overburdened mothers, thereby increasing the sum total of human happiness to an appreciable degree.

It must also be remembered that the effect is cumulative. To take a mother through her pregnancy and labor without mishap, to give her a healthy baby whom she feeds at her own breast, is to increase many-fold the chances of a happy home. Such a woman will be a better wife and a better mother, all future children of such a mother will have a better start in life, and the sum total of good resulting is enormous. It is necessary to contrast such a case with the misery and wretchedness which pregnancy and childbirth among the very poor only too often mean, to realize the full value of prenatal care.

In this most important branch of visiting nurse work, the responsibility of the nurse is great. She is the one who keeps in touch with the mother, and on her faithfulness may depend the life and happiness of mother and babe.

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

## THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

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First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

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## THE BOWMEN

It was during the retreat of the eighty thousand, the most awful day of that awful time, on the day when ruin and disaster came so near that their shadow fell over London far away; and without any certain news, the hearts of men failed within them and grew faint, as if the agony of their brothers in the battlefield had entered into their souls.

On this dreadful day, then, when three hundred thousand men in arms, with all their artillery swelled like a flood against the little English army, there was one point above all other points in our battle line that was for a time in awful danger, not merely of defeat, but of utter annihilation. This corner may perhaps be described as salient. If this angle were crushed and broken, then the English force, as a whole, would be shattered, the Allies left would be turned, and Sedan would inevitably follow.

All the morning the German guns had thundered and shrieked against this corner and against the thousand or so of men who held it. The men joked at the shells and found funny names for them, and had bets about them, and greeted them with scraps of music-hall songs. But the shells came on and burst, and tore good Englishmen limb from limb, and brother from brother; and as the heat of the day increased, so did the fury of that terrific cannonade. There was no help it seemed. The English artillery was good, but there was not nearly enough of it; and it was being steadily battered into scrap iron.

There comes a point in a storm at sea when people say to one another, "It is at its worst, it can blow no harder," and then there is

a blast ten times more fierce than any before it. So it was in these British trenches.

There were no stouter hearts in the whole world than the hearts of those men, but even they were appalled as this seven-times-heated hell of the German cannonade fell upon them, and rent them, and destroyed them. And at this very moment they saw from their trenches that a tremendous host was moving against their lines. Five hundred of the thousand remained, and as far as they could see the German infantry was pressing on against them, column upon column, a grey world of men—ten thousand of them, as it appeared afterwards.

There was no hope at all. They shook hands, some of them. One man improvised a new version of the battle-song, "Good-bye, good-bye Tipperary," ending with "And we shan't get there"! and they all went on firing. The officers pointed out that such an opportunity for fancy shooting might never occur again. The Germans dropped line after line; the few machine guns did their best, but everybody knew it was of no use. The dead grey bodies lay in companies and battalions, but others came on and on and on, and they swarmed and stirred and advanced from beyond and beyond.

"World without end. Amen," said one British soldier, with some irrelevance, as he fired. And then he remembered a queer vegetarian restaurant in London, where he had once or twice eaten queer dishes of cutlets made of lentils and nuts that pretended to be steaks. On all the plates in this restaurant there was a printed figure of St. George, in blue, with the motto "Adsit Anglis Sanctus Georgius." This soldier happened to know Latin and other useless things, and now as he fired at his man in the grey advancing mass, three hundred yards away, he uttered the pious vegetarian motto. He went on firing to the end, and at last Bill, on his right, had to clout him cheerfully over the head to make him stop, pointing out as he did so that the King's ammunition cost money, and was not lightly to be wasted in drilling funny patterns into dead Germans. For as the Latin scholar uttered his invocation he felt something between a shudder and an electric shock pass through his body. The roar of the battle died down in his ears to a gentle murmur; instead of it he says he heard a great voice, and a shout louder than a thunder-peal crying, "Array, array, array!" His heart grew hot as a burning coal, it grew cold as ice within him, as it seemed to him that a tumult of voices answered to this summons. He heard or seemed to hear thousands shouting: "St. George, St. George!"—

"Ha! messire: ha! sweet saint, grant us good deliverance!
St. George for merry England!
Harow! Harow! Monseigneur St. George, succour us.
Ha! St. George! Ha! St. George; a long bow, and a strong bow.
Knight of Heaven, aid us."

And as the soldier heard these voices he saw before him, beyond the trench, a long line of shapes with a shining about them. They were like men who drew the bow, and with another shout their cloud of arrows flew singing and tingling through the air towards the German host.

* * *

The other men in the trench were firing all the while. They had no hope, but they aimed just as if they had been shooting at Bisley. Suddenly one of them lifted up his voice in plain English: "Gawd help us!" he bellowed to the man next him, but we're bloomin' marvels! Look at those grey gentlemen—look at them! D'ye see them? They're not going down in dozens, nor in 'undreds; it's thousands, it is. Look! look! there's a regiment gone while I'm talking to ye."

"Shut it!" the other soldier bellowed, taking aim. "What are ye talking about?" But he gulped with astonishment even as he spoke, for, indeed, the grey men were falling by the thousands. The English could hear the guttural scream of the German officers, the crackle of their revolvers, and still line after line crashed to the earth.

* * *

All the while the Latin-bred soldier hears the cry:

"Harow! Harow! Monseigneur, dear saint, quick to our aid! St. George, help us!"

The singing arrows darkened the air, the heathen horde melted before them.

"More machine guns!" Bill yelled to Tom.

"Don't hear them," Tom yelled back, "but thank God, anyway; they've got it in the neck."

In fact there were ten thousand dead German soldiers left before that salient of the English army, and, consequently, there was no Sedan.

In Germany, a country ruled by scientific principles, the great general staff decided that the contemptible English must have employed turpinite shells, as no wounds were discernible on the bodies of the dead soldiers. But the man that knew.....knew that St. George had brought his Agincourt bowmen to help the English.—By Arthur Machen, from The Evening News.

## BIRTHS.

To Mr. and Mrs. Adam Justice, Dauphin, Manitoba, on June 5, 1915, a daughter. Mrs. Justice (Agatha Homm) is a graduate of Dauphin General Hospital, class '10.

At Swan River, Manitoba, on July 2, 1915, to Rev. J. W. and Mrs. McKillop, a daughter (stillborn). Mrs. McKillop (Nellie McQuarrie) is a graduate of Dauphin General Hospital, class '11.

## HOSPITALS AND NURSES

### British Columbia

Vancouver: Miss Ruth Judge, V.G.H., secretary of the V.G.N.A., is recovering from her illness, and has left the hospital for her home.

Miss Rene Norcross, V.G.H., has been appointed to the position resigned by Miss Hart, V.G.H., on the Teachers' Benevolent Fund, which is made up of sums given by all the teachers and school nurses in Vancouver for the relief of the poor.

Miss Ada Taylor, V.G.H., has gone to Montreal on her way to the Front.

The G. N. A. of B. C. has shipped a large bale of surgical supplies to the Canadian soldiers at the Front. Contributions of money and supplies have been sent in from all parts of the province. Bales will be sent at short intervals, some associations pledging themselves to monthly contributions.

The graduating exercises of the 1915 class of the Vancouver General Hospital were held Wednesday, June 2nd, at three o'clock. Twenty-five graduates received their diplomas and pins.

The chairman of the Board of Directors presided and gave a short address.

The report of the school was then given by Miss Randal, Superintendent of the Training School.

Mr. Stevens, M.P., gave an interesting address, which was followed by the presentation of the pins by Mrs. Wallbridge, and of the diplomas by Mr. Blair.

The address to the graduating class was given by Dr. Procter, chairman of the house committee.

The medal given by Dr. R. E. McKechnie for general proficiency was won by Miss Irene Clark.

After singing the National Anthem, a reception was held in the Nurses' Home.

The graduates are: Misses Marjorie Heeley, Alice Peters, Irene Clark, Grace McCulloch, Mary Shand, Edith Whitaker, Berta Wilson, Jennie Johnston, Jessie McLaughlin, Rhoda Stentiford, Mary McArthur, Nellie Waddington, C. Grace Dawe, Jean White, May Leigh, Charlotte Black, Elmore Eaton, Eden Pringle, Sarah Johnson, Eva V. Neiley, Elena Dillman, Emily Gilbert, Nellie Thomson, A. Isabel Powell, and M. Adele Perry.

### Alberta.

The graduating exercises of the class of 1915 of the Medicine Hat General Hospital Training School for Nurses were held at the Nurses' Residence on June 2nd. The pretty grounds and wide verandahs were decorated with strings of electric lights and the reception

rooms gay with spring flowers. Seven nurses received diplomas and medals—Edith Hunter, Augusta Kirkham, Margaret Learned, Mary Barter, Elsie Charles, Ethel McLuhan, and Emma Read.

The prize winners were: Elsie Charles, first prize for general proficiency, presented by Board of Directors; Mary Barter, second prize for general proficiency, presented by Board of Directors; Margaret Learned, prize for surgery, presented by Dr. C. E. Smyth; Mary Barter, prize for practical work, presented by Dr. F. W. Gershaw.

After the presentation of diplomas and prizes, appropriate addresses were given by members of the medical profession and other prominent men of the city, and some good musical selections rendered.

A very pleasing feature of the evening was the announcement that the graduating class had donated $50.00 to the Red Cross to install a bed in the Canadian Hospital at Cliveden, England. This donation was made from their prize money and was much appreciated by the Hospital Staff and Board of Directors.

The hospital at Cliveden has an added interest for Medicine Hat nurses owing to the fact that Miss Margaret Dunne, class of 1912, is on duty there.

Miss Ida Kealey, graduate of the Galt Hospital, Ontario, who has been doing private nursing in Medicine Hat for several years, left in April to join the Red Cross Nursing Corps, and is now on duty in England.

Mrs. Rothwell (Miss Lillian Payne), graduate of the Medicine Hat General Hospital, class '14, left in the beginning of May for England with the Red Cross Nursing Corps. Mrs. Rothwell's expenses are being borne by the local branch of the Red Cross Society in Lethbridge, where she resided. Her husband is with the 12th C.W.R.R. Before leaving Lethbridge Mrs. Rothwell was presented with a purse of gold.

Miss Anna McLaurie, graduate of the Winnipeg General Hospital, class '02, has resigned her position as Night Supervisor of the Medicine Hat General Hospital, to take a position as Lady Superintendent of the hospital in Fernie, B.C.

The Graduate Nurses' Association of Medicine Hat recently gave, through the local Red Cross Society, one hundred dollars, for two beds in the Canadian Hospital at Cliveden, England, and another one hundred dollars to be used for surgical supplies in the same hospital.

Miss Collier has returned from California and is doing private nursing in Medicine Hat.

Miss Ada Taylor, graduate of Vancouver General Hospital, has joined the Canadian Military Nursing Corps, and went over to England on the Metagama, arriving safely on June 18th.

Miss Ella Willett, graduate of the Medicine Hat General Hospital,

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CANADIAN OFFICE

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class '13, and recently of the staff of the hospital in Kamloops, B.C., left in May for active service with the Canadian Military Nursing Corps and is on duty in Shorncliffe, Eng.

Miss Ruth Forster, M.H.G.H., class '14, has resigned her position in the Red Deer Hospital, and is taking a position in a hospital in Los Angeles, Cal. Her position in Red Deer will be taken by Miss Edith Hunter, M.H.G.H., class '15.

Miss Spink, Head Nurse in the Operating Room of the Medicine Hat General Hospital, is spending her holidays in Winnipeg, and St. Paul, Minn.

Miss Margaret Learned, class '15, has been appointed Night Supervisor of the Medicine Hat General Hospital.

At the June meeting of the Calgary Graduate Nurses' Association the resignation of Miss Edith Rutherford, registrar of the association, was received with much regret. Her duties have been taken over by Miss Turner, 444 A 11th Street N.W. Miss Rutherford has returned to the work of private nursing.

The Graduate Nurses' Association of Calgary are devoting the evenings of the 1st and 3rd Tuesdays of each month to the making of dressings for the Red Cross Society. As considerable enthusiasm has been shown, the work accomplished has been considerable. In view of the pressing need, we hope to further increase our efforts.

### Ontario

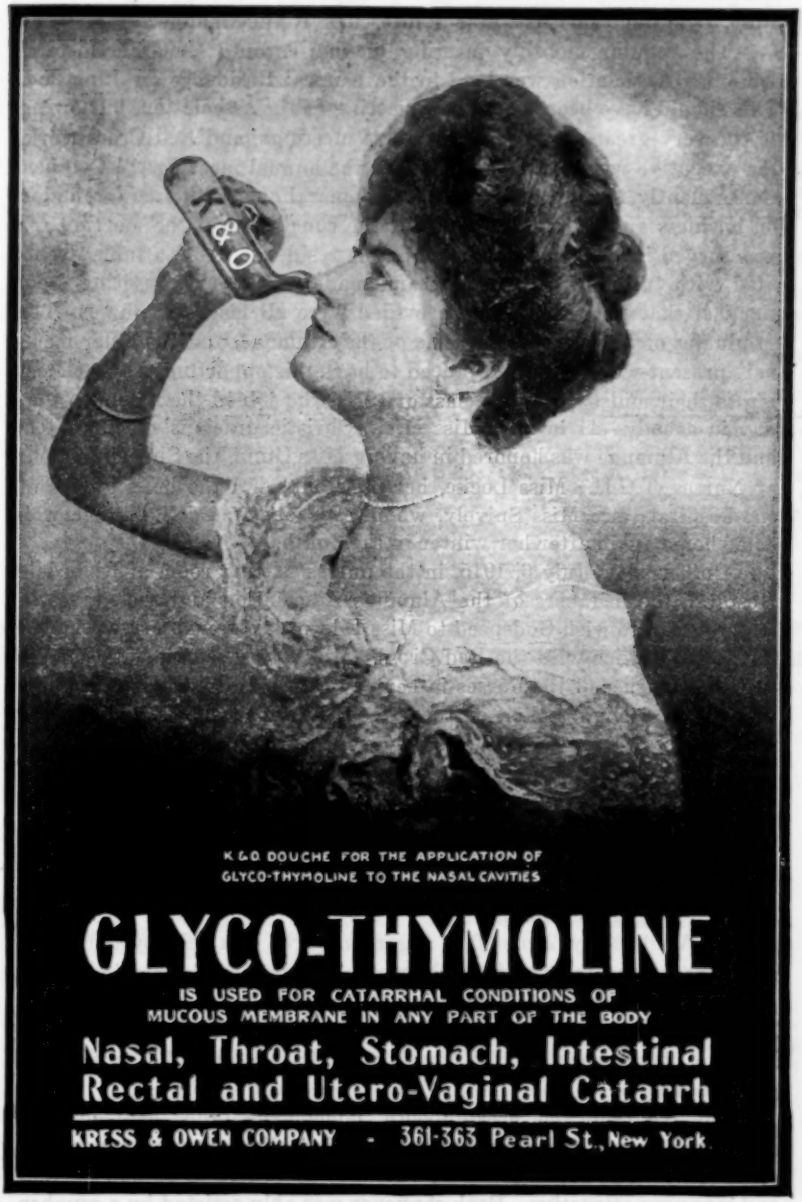
The graduating exercises of the 1915 class of Brockville General Hospital were held in the Collegiate Institute on the afternoon of May 22nd.

Mr. Jas. Briggs, chairman of the Hospital Board, presided. Mr. H. A. Stewart, K.C., gave an inspiring address to the graduating class. The Florence Nightingale Pledge was administered by Rev. A. E. Runnells, and the diplomas were presented by Dr. W. F. Jackson. Mrs. C. E. Fulford and Mrs. A. C. Hardy, President and Vice-President of the "Ladies' Auxiliary," attached the pins. Short, interesting addresses were given by Dr. Jackson, Dr. J. C. Mitchell, Dr. J. A. Macaulay, and Mr. A. C. Hardy.

The Senior Scholarship was awarded to Miss Grace Billings, and prizes to Miss Charlotte Ross and Miss Lenore Rose.

Vocal solos, and selections rendered by the orchestra, brightened the exercises. After the program the company repaired to the hospital lawn, where an attractive marquee had been erected, from which dainty refreshments were served, and a delightful social hour was passed. A very large number of the prominent clergy, medical men, and interested friends of the hospital were present.

The following are the graduates: Misses Charlotte Ross, Viola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Beckstedt, Gladys Kilborn, Irene Johnston, Grace Billings, Lenore Rose, Lyla Johnson, Mrs. Mae White, Mrs. Nellie Gamble.

The regular monthly meeting of the Toronto General Hospital Alumnae Association was held in the Nurses' Residence on June 2nd. This should have been the annual meeting of the association, but owing to the very great stress of work, extra meetings, and Red Cross work, the executive were forced to postpone the annual meeting till October. Consequently, this meeting was just a general one, with free discussion on business and nursing affairs. At the conclusion of the meeting tea was served in the reception room of the residence, from a table decorated with tulips of many colors and made particularly inviting from the fact that the good things provided were all made by nurses. The graduates of 1915 were the guests of the Alumnae, and the older members present were delighted indeed to have this opportunity of welcoming to their midst the entire class of 1915, who joined the Alumnae that day in a body—41 in all. Miss M. E. Christie graciously poured tea, and the Alumnae was honored in having Miss Gunn, the Superintendent of Nurses, T.G.H.; Miss Locke, her assistant; and the head nurses of the hospital; also Miss Snively, whom everyone was delighted to welcome home again after her winter in the South.

On Tuesday, July 6, 1915, in the nurses' sitting room at Riverdale Hospital, the members of the Alumnae Association and the nurses in training met to wish Godspeed to Miss Eileen Sayer, who leaves shortly for active service with the Red Cross. Miss Sayer carries with her the very best wishes of the nurses in her new work, and was given a purse of gold as a slight token of the esteem in which she is held by her sister nurses.

At the Toronto Graduate Nurses' Club House, 295 Sherbourne Street, on Wednesday, June 16th, the Alumnae Association of Riverdale Hospital gave a most enjoyable garden party to the graduating class. Refreshments were served on the lawn. Music was furnished by the Prince George Orchestra. The nurses and their friends spent a most enjoyable evening.

On Wednesday, June 30th, a garden party was held by the Kingston Chapter of the Graduate Nurses' Association of Ontario on the grounds of the Nurses' Residence. The weather was ideal and several hundred people visited the grounds both afternoon and evening. The R.C.H.A. band very kindly gave their services and the music was greatly enjoyed.

The tea table, ice cream booth, home-made table, canteen, and candy and flower booth were all very artistically arranged under spacious tents. The fortune teller's tent was decorated in Indian fashion and was very attractive. Each convener was ably assisted by a number of nurses, both graduates and undergraduates.

## Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

**The Eight Months' Course** is offered by the Association in connection with **Simmons College** (Harvard University) and the **School for Social Workers**. The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

**The Four Months' Course**, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

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**The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.**

**The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.**

**Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.**

**Affiliations with accredited Training Schools are desired, as follows:**

**A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.**

**Only pupils who have completed their surgical training can be accepted.**

**Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.**

***Address***

**Chicago Lying-in Hospital and Dispensary**

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The splendid sum of two hundred and sixty dollars was realized. This money will be spent in necessary material for Queen's Stationary Hospital in France.

The Alumnae Association of the Hospital for Sick Children, Toronto, held their annual meeting June 17th, 1915, at the Nurses' Residence, which had been prettily decorated with flags and peonies for the occasion. After the business meeting Miss Kerr, of the hospital, very kindly presented her lantern slides of the different pictures which have been taken in the city hospital and at Lakeside. Refreshments were then served by the nurses.

The following officers were elected: Honorary President, Mrs. Goodson; President, Miss Teeter; First Vice-President, Miss M. Hill; Second Vice-President, Miss O. Campbell; Treasurer, Miss I. Anderson, The Ainger Apts., cor. Bloor and Sherbourne; Recording Secretary, Miss M. McNeil, Sick Children's Hospital; Corresponding Secretary, Miss Keefer, 321 College St.; General Business, Miss Jamieson; Central Registry, Miss Barnhart, Miss Fraser; Press and The Canadian Nurse, Miss W. Armstrong; Sick Visiting Committee, Miss Dingwall, Miss Copeland.

### Quebec

A clearing hospital is to be opened at Quebec to classify the Canadian wounded sent home as unfit for further service at the Front. The doctors will classify these soldiers for pensions or otherwise.

Miss Elizabeth Orford, V.O.N., who has been doing District and Public Health Nursing in Sherbrooke for the past three years, is leaving the city at the end of June. Miss Orford, who has been the President of the Graduate Nurses' Association of the Eastern Townships since it was organized, will be keenly missed.

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## CANADIAN NURSES FETED

The party of thirty trained nurses of the St. John Ambulance Association of Canada, who arrived in London a week ago, are being very kindly entertained by the members of the St. John Ambulance Association, while being outfitted for war duty. The Duchess of Somerset, with Sir Owen and Lady Philipps, Lady Sloggett and Lady Jekyll, kindly entertained them at luncheon; and Lady Perley at a tea given to all Canadian nurses in London, at Prince's Restaurant. A visit was arranged to St. Paul's; and a tea given at St. John's Gate, where they were shown the interesting old Priory Church and the Warehouse. They have been interested in seeing the London and Guy's Hospitals—at which latter place tea was served in the Nurses' Reception Room by the staff, and an enjoyable time spent. On Monday, Lord Ludlow

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entertained them by a tea and music; and on Tuesday, they were the guests of Lady Jekyll—motoring to Hampton Court, where they were shown over the grounds and palace. Although enjoying their visit exceedingly, our Canadian colleagues will be very glad when all preparations are completed and they are settled down at the work they came over to do.

The suffering of many of the sick and wounded Canadian troops has aroused the deepest sympathy upon the part of their devoted nurses.—*British Journal of Nursing.*

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## GLYCERIN FOR PERSPIRING FEET

Dr. Benians, in The Lancet, strongly recommends the use of glycerin for perspiring feet. Dr. Benians cites two severe cases which were completely cured in three days by the application of glycerin well spread over the soles and toes before the socks were put on, this being repeated each morning as long as necessary. He suggests that the use of glycerin, by preventing the formation of noxious products, and thus keeping the skin of the feet in a healthy condition, would be of considerable value to an army on long marches.

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## SUGAR AS A HAND CLEANSER

Dr. D. H. Stewart says, in the Massachusetts Medical Journal: "The most careful antiseptic toilet may be brought to naught by the preliminary use of soap; therefore clean your hands with granulated sugar, and also dress wounds with it if you have nothing better." His experience since 1895 has shown that "with sugar and water, followed by chloride of lime and water, the physician's hands may be rendered sterile." This has been confirmed by laboratory tests. "Granulated sugar is gritty, takes the place of both soap and brush, does the work better, and leaves the skin unscratched, soft and smooth."

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## MARRIAGE

On June 23, 1915, Miss Marie Bateman, of Saskatoon, Sask., graduate of St. Michael's Hospital, Toronto, class '09, to Mr. G. Sheppard, of Hafford, Sask.

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## BIRTH

On June 28, 1915, at Bassano, Alta., to Dr. and Mrs. Alex. Scott, a son. Mrs. Scott (nee Hobson) is a graduate of Riverdale Hospital, Toronto, class '12.

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# Official Department

**Queen Alexandra's Imperial Military Nursing Service.**

**The Canadian Permanent Army Medical Service (Nursing Branch).**

**The Canadian Society of Superintendents of Training Schools for Nurses.**—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

**The Canadian National Association of Trained Nurses.**—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

**The Canadian Nurses' Association, Montreal.**—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

**The Nova Scotia Graduate Nurses' Association.**—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

**The Graduate Nurses' Association of Ontario.**—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

**The Victorian Order of Nurses.**—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

**The Guild of St. Barnabas for Nurses.**

**The Brockville Graduate Nurses' Association.** President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

**The Collingwood G. and M. Hospital Alumnae Association.**—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

**The Calgary Graduate Nurses' Association.**—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

**The Edmonton Graduate Nurses' Association.**—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

**The Ottawa Graduate Nurses' Association.**—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

**The Galt General Hospital Alumnae Association.**—President, Mrs. Wardlaw; Secretary, Miss Adair.

**The Guelph General Hospital Alumnae Association.**—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

**The Hamilton City Hospital Alumnae Association.**—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

**The London Victoria Hospital Alumnae Association.**—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

**The Kingston General Hospital Alumnae Association.**—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

**The Manitoba Association of Graduate Nurses.**—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

**The Montreal General Hospital Alumnae Association.**—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

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